PLAGE OF BARTH ARIZONA STATE BOARD OF HEALTH 1. County of HTHIN TO STAIT A District of BUREAU OF VITAL STATISTICS State Index No. ORIGINAL CERTIFICATE OF BIRTH County Registrar No..... ordered to friend Local Registrar No. birth occurred in hospitation inflitution, give its NAME instead of street and number) If child is not yet named, make that arms of thild supplemental report, a directed. To be answered ONLY \ 4. Twin, triplet or other 16. Legitimate? 3. Sex of Child 61140 101143 in event of plural births. of birth 5. No., in order of birth. 2007年,海中国 Full maiden Kame i syndence 9. Residence 15. Residence e to every least (Usual place of (Usual place of abode) rig inshiration ! If nonresident give w If nonresident, give place and 52by 39 \$ 50 3 IG. Color or race 11. Age at last birthing (Years) 17. Age at last birthday (Years) ं शास्त्र काश्विकारांचे में 12. Birthplace (city or place / .:...) 18. Birthplace (city or place (State or country) James to Helly (State or country) nousairen a 13. Occupation 19. Occupation roisibet la amisc Nature of indust Nature of indu 20. Number of children of this mother Were precautions; taken against oph-thalmia neonatorum? ibilds to reduce ! (Taken as of time of birth of child herein } (b) Born alive but now dead (c) Stillborn Q certified and including this child.) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES I hereby certify that I attended the birth of this child, who was... idi dhin dhill *When there was no attending physician or midwife, then the father, householder, Signature etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Diete minthane e Given name added from Filed supplemental report Local Registrar. Month, day, year. ுட்ச :County Registrar. Registrar. 124-205-374